

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	67814	7/20/80
O.I.P.E. CLASSIFIER		67814 <sup>49</sup>	7/24/80
FORMALITY REVIEW		67813	9/9/80
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

Best Available Copy

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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